MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS AFTER** AFTER **AS FILED** AFTER AFTER **AS FILED** 1" AMENDMENT 2 MAMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>61</u> <u>12</u> 43. .93 TOTAL IND. TOTAL IND TOTAL DEP

TOTAL DEP

PTO - 1360 (REV. 11/04)

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